ARIZONA STATE B BUREAU OF VIT 1. PLACE OF BIRTH STANDARD CERTIF	PAL STATISTICS Pariety No. / C
$\mathcal{M}^{\cdot} \mathcal{V}$	State aryona
District or Township City No. 1408 (If birth occurrence)	St. Ward St. Ward Bt. Ward Bt. Ward Bt. Ward Ward It child is not yet named, make supplemental report, as directed.
2. Full name of child Haward (Farland) 3. Sex of Child To be answered ONLY in event of plural 4. Twin, triplet or other	6. Legitimate? 7. Date of birth Jun. 8 - 1930.
Male births. 5. No., in order of birth. 8. FATHER Full name Waw Parlale	14. MOTHER Full maiden name Julia Guterrez
9. Residence (Uaual place of abode)	15. Residence (Usual place of abode) If non-resident, give place and state. Wingona.
16 non-resident, give place and state.	16. Color or race Next. 17. Age at last birthday 2.3 (Years)
11. Age at last birthday 30 (Years) 12. Birthplace (city or place) falls Co (State or country)	18. Birthplace (city or place). Jalia Cs (State or country) Met.
13. Occupation Nature of industry	10. Occupation Nature of industry Housewife
20. Number of children of this mother	but now dead 0
I hereby certify that I attended the birth of this child, who was	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Physician (Physician or midwife).
Given name added from a supplemental report Month, day, year Filed	mani, massa.
Registrar	777 - 175 - 1757